

Need help?

Contact Computershare Investor Services
GPO Box 2975, Melbourne VIC 3001
Phone (AUS) 1300 662 270 or +61 3 9415 4373
Phone (NZ) 0800 333 501
Fax +61 3 9473 2500
Internet www.investorcentre.com/contact

Registered Name(s)

Registered Address

Holder Identification Number (HIN) or Securityholder Reference Number (SRN)

Use a **black** pen.
Print in **CAPITAL** letters.

A B C
 1 2 3
 Where a choice is required, mark the box with an 'X' X

Australian Foundation Investment Company Limited Dividend Substitution Share Plan

A **Dividend Substitution Share Plan (DSSP)**

ALL Please mark this box with an 'X' if you wish all of your holding to participate in the Company's DSSP.

PART Show the number of securities you wish to participate in the Company's DSSP.

TERMINATE Please mark this box with an 'X' if you wish to terminate participation in the Company's DSSP.

B **Sign Here - This section must be signed for your instructions to be executed.**

I/We authorise you to act in accordance with my/our instructions set out above. I/We acknowledge that these instructions supersede and have priority over all previous instructions in respect to my/our securities. Where I/we have indicated participation in the DSSP, I/we hereby agree to be bound by the Rules of the DSSP.

Individual or Securityholder 1 **Director**

Securityholder 2 **Director/Company Secretary**

Securityholder 3 **Sole Director and Sole Company Secretary**

Day Month Year
 / /

Note: When signed under Power of Attorney, the attorney states that they have not received a notice of revocation. Computershare Investor Services Pty Limited needs to sight a certified copy of the Power of Attorney.



How to complete this form

A Dividend Substitution Share Plan (DSSP)

Complete this section if you wish to elect to participate in the Company's DSSP and forgo your right to a dividend and receive bonus shares instead.

If you wish all of your shares to participate in the Company's DSSP, please cross the box marked ALL.

If you wish part of your shares to participate in the Company's DSSP, please cross the box marked PART and show the number of shares that you wish to participate.

Please note that an election to participate fully in the DSSP will override any instruction on the registry record regarding participation in the Company's Dividend Reinvestment Plan or direct payment of cash dividends into a nominated account.

If you no longer wish to participate in the DSSP, please cross the box marked TERMINATE.

This instruction only applies to the specific holding identified by the SRN/HIN and the name appearing on the front of this form.

Important: Please read the Rules of the DSSP and seek your own independent advice before electing to participate in the DSSP. Participants in the DSSP forgo their right to a dividend, and so will not receive any franking credits or LIC capital gain deduction attached to any dividend forgone.

The offer to purchase shares under the DSSP is not a recommendation to purchase shares. Nothing in this DSSP form or any other accompanying documentation constitutes investment or financial product advice or is intended to influence your decision whether or not to participate in the DSSP.

B Signature(s)

If you have chosen to participate in the Company's DSSP and you have completed Section A, you must sign this form as follows in the spaces provided:-

Joint Holding: where the holding is in more than one name, all of the securityholders must sign.

Power of Attorney: to sign under Power of Attorney, you must have already lodged this document with the registry. If you have not previously lodged this document for notation, please attach a certified photocopy of the Power of Attorney to this form when you return it.

Companies: where the company has a Sole Director who is also the Sole Company Secretary, this form must be signed by that person. If the Company (pursuant to section 204A of the Corporations Act 2001) does not have a Company Secretary, a Sole Director can also sign alone. Otherwise this form must be signed by a Director jointly with either another Director or a Company Secretary. Please indicate the office held by signing in the appropriate place.

AFIDR

AFI

Please return the completed form in the envelope provided or to the address opposite:

Computershare Investor Services Pty Limited
GPO Box 2975
Melbourne Victoria 3001
Australia

